

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 25 2018

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist	t(s): Lisa K. Shapiro	, Ph.D.; Paul A. We	DEPARTMENT OF S orsowicz; Heidi L. Kroll; Erik W. Taylor
II. Name of Lobbyist	's partnership, firm or corp	oration, if any:	
	GALLAGHE	R, CALLAHAN &	GARTRELL, P.C.
	214 North	Main Street, Conc	ord, NH 03301
603-228		603-226-3334	shapiro@gcglaw.com
(Teleph	none)	(Fax)	(Email)
	overs: (Choose one – file se ansactions which are not at	•	ach client, OR you may file a separate report for e client.)
X All reportable t	transactions occurring in the	month prior to the rep	porting date relative to the following client.
	NORTHEAST RI	EHABILITATION	HEALTH NETWORK
	(Full Name of Client as it		
IV. Date of Report:	y particular client. April 25, 2018		t's family), or the lobbying firm listed below which and July 25, 2018 activity from 4/1/18 to 6/30/18
Reports cover. ut		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	October 31, 2018		January 30, 2019 □
	activity from 7/1/18 to 9/30/	18	activity from 10/1/18 to 12/31/18
	o fees received and no repo complete just this form and st		made since the last report. ary of State's Office, State House, Room 204,
If you have rec If you have pai Expense Reimb	d an honorarium or reimburs	ed expenses, you mu	ddendum A – Fees and Expenses st file Addendum B – Report of Honorariums or s, you must file Addendum C – Political Contribution
	•		

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

(Signature of Lobbyist)

7-18-18
(Date)

Lisa K. Shapiro, Ph.D.

(Print Name of lobbyist)



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s)	Lisa K. Shapiro, Ph.D.; Paul A. Worsowicz; H	leidi L. K	roll; Erik W	'. Taylor
II. Name of lobbyist's [partnership, firm or corporation, if any:			
	GALLAGHER, CALLAHAN & GARTRE	ELL, P.C.		
	(Name of partnership, firm or corporati	ion)		
III. Name of Client	NORTHEAST REHABILITATION HEALTH NETWORK	Date	July 25, 20)18
lobbying, including fees	of all fees received from the client identified above for services such as public advocacy, government relatoring legislation, and related legal work. The gross for the gross of the gross	ations, or	public relatio	ns services,
a) Total of all fees receive	ved in this reporting period		a) \$	20,000.00
•	ved this calendar year, prior to this reporting period. e total prior monthly reports for this calendar year.)		b) \$ 	15,200.00
c) Total of all fees receiv (Add lines a and b)	ved to date.		c) \$ 	35,200.00
d) Indicate the amount o yet been paid.	f any such fees that are due, but have not		d) \$.00
fees. Separate reports at lobbyist(s)/firm that are are to be reported in our reporting period for sala expenses where the expethe cost was \$25.00 or lepurchase of a ceremonia statement of each individual covered by (a) (for exam given to the subject of I legislative reception).	artnerships, firms, or corporations are required to refer to be filed for expenditures made relative to each of unrelated to any one client a separate report may be see of three categories of expenses: (a) the aggregatives, benefits, support staff, and office expenses; (anditure was of \$25.00 or less (for example: meals pless, purchase of a pen with a value of less than \$10 to lobject given to a person being lobbied with a value dual expenditure made during this reporting period of ple: purchase of a meal with value of greater than \$25 to be lobbying with a value greater than \$25, but not great expenses for honorariums, expense reimbursement, out and should not be reported on Addendum A.	tient and if filed for the total of (b) the agourchased that is give of \$25.00 greater than	f expenditure the lobbyist(s) f all expense gregate total during a bus en to the pers or less); an an \$25.00 fo se of a ceren \$50, restaura	es are made by the sylfirm. Expenses es paid during the of all individual iness lunch where son being lobbied and (c) an itemized or any purpose not nonial object to be ant expenses for a
support staff, and office of b) Total aggregate of ex	nses for this reporting period for salaries, benefits, expenses, related directly or indirectly to lobbying. penditures during this reporting period, not reported	a) \$ b) \$		15,000.00
in a), of \$25 or less.		c) \$.00_
c) Total of all itemized e	expenditures reported in detail in section VI.	-, -		.00

Client: NORTHEAST REHABILITATION HEALTH NETWORK d) Total expenses for this reporting period. (Add lines a, b and c.) d) \$ 15,000.00 e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.) e) \$ 15,200.00 f) Total of all expenses year to date. 30,200.00 f) \$ VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged. Paid to: Amount Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. $\frac{7-18-18}{\text{(Date)}}$

Lobbyist Fees & Expenses, Addendum A - Page 2

(Signature of lobbyist)

Lisa K. Shapiro, Ph.D. (Print Name of Lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Swarn Statement/Affirmation by Labbuist

Statement of Income and Expenses for:				
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.				
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Northeast Rehabilitation Health Network				
Date of Report (che	eck one):			
April 25, 2018 🗆	July 25, 2018 🔀	October 31, 2018 🗆	January 30, 2019 🗆	
	RSA 15-B, RSA 664, the sms submitted with that State		xpenses described above, and the Addendum forms being	
1 Addendum A	(s).		•	
0 Addendum B((s).			
0 Addendum C((s).			
•	ffirm that the foregoing info t of my knowledge and belic		nd each Addendum is true and	
(Signature of Lobb	GG/orspury	<u>, </u>	7-17-18 (Date)	
Paul A. Worsowic	z			
(Print Name of lot	obyist)			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist

Statement of Inco	ome and Expenses for:		
Name of Lobbying	g partnership, firm or corpora	ition: GALLAGHER, CAI	LLAHAN & GARTRELL, P.C.
•	ave blank if Statement is for Northeast Rehabilitatio		rporation and not related to any
Date of Report (ch	neck one):		
April 25, 2018 🗆	July 25, 2018 🗶	October 31, 2018 🗆	January 30, 2019 □
	5, RSA 15-B, RSA 664, the ums submitted with that State		epenses described above, and the Addendum forms being
1 Addendum A	\(s) .		
0 Addendum B	B(s).		
0 Addendum C	C(s).		
	affirm that the foregoing info st of my knowledge and beli		nd each Addendum is true and
(Signature of Lob	2. Kyll		7 IX IX (Date)
	oyist)		(Suit)
Heidi L. Kroll (Print Name of lo	obbyist)		
(2.111.1.1a1110-01-10			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:				
Nam	me of Lobbying partnership, t	īrm or corporation	: GALLAGHER, CAI	LLAHAN & GARTRELL, P.C.
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Northeast Rehabilitation Health Network				
Date	te of Report (check one):			
April	ril 25, 2018	2018 🗵	October 31, 2018 🗆	January 30, 2019 🗆
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):				
1_	_ Addendum A(s).			
0	Addendum B(s).			
0_	Addendum C(s).			
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.				
(Sig	ignature of Lobbyist			7/16/18 (Date)
	rik W. Taylor Print Name of lobbyist)		<u> </u>	
/				